

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J04970

1. Entity Name

ARON SCHLAU, M.D., P.A.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90077 044 ***150.00

0426513

| | |
|---|---|
| Principal Place of Business 3820 TAMPA ROAD, SUITE 102 PALM HARBOR FL 34684 | Mailing Address 3820 TAMPA ROAD, SUITE 102 PALM HARBOR FL 34684 |
|---|---|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2746543 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|

SCHLAU, ARON MD
3820 TAMPA ROAD, SUITE 102
PALM HARBOR FL 34684

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| | |
|----------------------------|---|
| 11. OFFICERS AND DIRECTORS | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|----------------------------|---|

| | | | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD SCHLAU, ARON MD 3820 TAMPA ROAD, #102 PALM HARBOR FL 34684 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01 (727) 785-4540
Date Daytime Phone #

CR2E034 (10/00)